



3731

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/646,639
Filing Date	22 August 2003
First Named Inventor	Thomas J. Fogarty
Art Unit	3731
Examiner Name	Not Yet Available
Attorney Docket Number	TJF 9003 - US

Total Number of Pages in This Submission

2

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| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
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| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	David A. Levine, Reg. No. 48,821
Signature	<i>David A. Levine</i>
Date	4 February 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	David A. Levine		
Signature	<i>David A. Levine</i>	Date	4 February 2004

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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/646,639
Filing Date	22 August 2003
First Named Inventor	Thomas J. Fogarty
Art Unit	3731
Examiner Name	Not Yet Available
Attorney Docket Number	TJF 9003 - US

**RECEIVED**  
FEB 11 2004  
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: transfer of application to new attorney

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number: **OR**

<input type="checkbox"/> Firm or Individual Name	William A. English				
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City	Newport Beach	State	CA	Zip	92660
Country	USA				
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Name	David A. Levine				
Signature				Registration No.	48,821
Date	4 February 2004			Telephone No.	(650) 493-1904

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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